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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/603,103

Filing Date

06/23/2003

First Named Inventor

WITTENRICH, Linda J.

Art Unit

3617

Examiner Name

AVILA, Stephen P.

Attorney Docket Number

10480.001

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Claims (2 pages), certificate of mailing and stamped return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Roy, Kiesel, Keegan & DeNicola		
Signature			
Printed name	Neil J. Coig		
Date	11/22/2004	Reg. No.	48,929

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Sue Butler	Date	11/22/2004

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IN THE UNITED STATES DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

<b>FILING DATE:</b>	06/23/2003	<b>APPLICANT:</b>	WITTENRICH, Linda J.
<b>EXAMINER:</b>	AVILA, Stephen P.	<b>ART UNIT:</b>	3617
<b>SERIAL NO.:</b>	10/603,103	<b>ATTY REF. NO.:</b>	10,480/001
<b>TITLE:</b>	FLOAT TUBE COVER		

The Honorable Commissioner of Patents and Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO AUGUST 20, 2004 OFFICE ACTION**

**Remarks**

This response is believed to be timely filed. No fees are known or believed to be due. However, in the event that this response and request for extension is untimely or any additional fees are due, then the Applicant respectfully requests the necessary extension and the Commissioner is hereby authorized and requested to charge deposit account 18-2210 any fees due in connection with this response.

1. No response was required to this paragraph.
2. No response is given to this paragraph.
3. No response was required to this paragraph.
4. No response was required to this paragraph.
5. In response to the examiner's suggestion of amendments to claim 2, please find the proposed claim amendments in the claims below, as well as a cancellation of claims 3-4.
6. No response was required to this paragraph.